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ATTYS DOCKET NO. CLASS-SUBCLASS BATCH NO. APPLN. TYPE SMALL ENTITY FEE DUE DATE DUE 3 22963-1270 606-041.000 **B68** UTILITY YES \$620.00 05/07/01 Change of correspondence address or indication of "Fee Address" (37 CFR 1.983). 2. For printing on the petent front page, list Heller Ehrman White (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) Use of PTO form(s) and Customer Number are recommended, but not required. & McAuliffe LLP ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 regis ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the pater of Patents and Trademarks): inclusion of assignee data is only appropriate when an assignment has been previously submitted to V Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for 10 filing an assignment. Advance Order - # of Copies (A) NAME OF ASSIGNEE Cardima, Inc. 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) 08-1641 Fremont, CA DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) 🕅 Issue Fee 10 Advance Order - # of Copies 88 The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signatur (Data) YPOLITE2 00000000 09104752 5/3/01 No. 24,422 NOTE; The Issue Fee will nitroe accepted from advone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. TRANSMIT THIS FORM WITH FEE 贸 물路